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**FACSIMILE TRANSMISSION COVER SHEET**

Date: September 6, 2007

To: United States Patent and Trademark Office  
Examiner: Chen, Kin Chan; Art Unit: 1765

Fax: (571) 273-8300

Re: **Application Serial No.: 10/705,347**  
Filing Date: 11/8/2003; First-Named Inventor: Labelle  
Attorney Docket No.: 0180151

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated June 1, 2007.

Payment for the First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0180151

**AMENDMENT COVER SHEET**

IN RE APPLICATION OF: Labelle, et al.

SERIAL NO.: 10/705,347 FILED: November 8, 2003

FOR: Method for Integrating a High-K Gate Dielectric in a Transistor Fabrication Process

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☐ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☒ TOTAL EXTENSION FEE \$ 120.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT		MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 0180151

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

9/6/07

By:

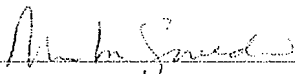
  
Michael Farjami, Reg. No. 38,135**CERTIFICATE OF FACSIMILE TRANSMISSION**

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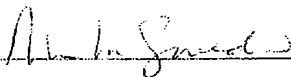
  
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